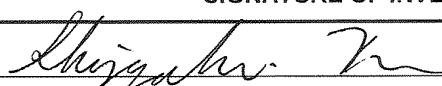
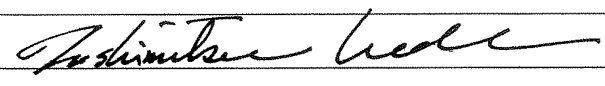
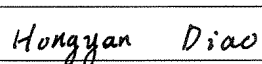


**CASE SPECIFIC POWER OF ATTORNEY WHERE MULTIPLE ASSIGNEES
ARE PRESENT OR IF THERE IS NO ASSIGNEE**

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Shigeyuki KON
	Title: IMMUNOCOMPETENT CELL ACTIVATION INHIBITOR AND USE THEREOF	
	Attorney Docket Number:	

I hereby appoint:			
<input type="checkbox"/> Practitioners associated with the Customer Number	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> 22850 </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			
Please recognize or change the correspondence address for the above-identified application to:			
<input type="checkbox"/> The address associated with the above-mentioned Customer Number.			
I am the:			
<input type="checkbox"/> Inventor.			
SIGNATURE OF INVENTOR			
Signature			
Name	Shigeyuki KON	Telephone	
Date			
Signature			
Name	Toshimitsu UEDE	Telephone	
Date			
Signature			
Name	Hongyan DIAO	Telephone	
Date			
* NOTE: Signatures of all the inventors are required. Total of _____ forms are submitted.			

**THIS FORM IS USED FOR PATENT APPLICATIONS HAVING MULTIPLE ASSIGNEES
OR IF THERE IS NO ASSIGNEE**